

## SECTION 26 – SHARPS SAFETY

**1. Purpose.** To provide infection control/safety standards of practice relating to sharps handling and disposal.

**2. Scope.** All DeWitt Health Care System (DHCS) personnel.

**3. General.**

a. Sharps safety relates not only to needlesticks, but also to cutaneous puncture due to other medical devices, such as trocars and scalpel blades, as well as contaminated broken glass. In addition to lacerations and punctures, occupational exposure can result in transmission of bloodborne pathogens, such as Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV).

b. Needlesticks are a continuing problem not only at this hospital but at facilities across the country. The CDC has identified the following risks and outcomes related to the problem of occupational exposure from sharps:

1) The CDC estimates that as many as 800,000 sharps injuries occur each year among healthcare workers.

2) As of June 1998, the CDC reports that 54 healthcare workers have been infected with HIV on the job with the majority of these infections occurring following exposure with a contaminated sharp object. An additional 130 or so healthcare workers may have acquired HIV on the job, but have other potential risk factors that do not rule out acquisition outside of the health care facility.

3) Fortunately, the risk of parenteral transmission of HIV from a single needlestick of contaminated blood is low, less than half of one percent (0.3%).

4) However, Hepatitis B may be the real problem for healthcare workers with regards to parenteral exposure. In the past, the CDC estimated that 8 to 12 thousand healthcare workers per year are infected with HBV and 200 to 250 healthcare workers die each year from complications related to HBV. Today, the CDC estimates about 400 new occupationally acquired cases of HBV. This decrease, due in large part to mandated Hep B vaccinations and increasing use of safety devices, is significant, but Health care workers are still at risk. The risk of parenteral transmission of HBV from a single needlestick of contaminated blood is about 30%.

5) Hepatitis C is also a concern for Health Care workers exposed to blood. Risk of parenteral transmission of Hepatitis C from a single needlestick of contaminated blood is estimated at about 10%.

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c. State and National legislation is in effect or pending that would mandate the use of sharps safety devices in all health care facilities in the country. DHCS has based our efforts on sharps safety and needlestick injury reduction on our epidemiology and fiscal status. We have instituted several safety devices to include the ALARIS needleless IV system, IV catheters, and infant heel stick safety devices. Trials on additional devices, such as syringes, butterfly safety devices, quick release vacutainer needle holders, single-use vacutainers, blood transfer devices, ABG kits with safety devices, and plastic capillary tubes, etc are ongoing. Safety lancets are being evaluated in conjunction with the AccChek Clinical Product Team (CPT). Until we have achieved a conversion to 100% safety devices, the following procedures should be followed to reduce your risk for occupational exposure.

### 4. Procedure.

#### a. Sharps Handling

1) Extreme care will be used when handling or disposing of all sharps. Sharps will be placed in the designated receptacle **BY THE USER**, as soon as possible after use. Personnel performing invasive procedures outside of the Operating Room are responsible for disposing of all sharps, used or unused, on the procedure tray. They will not be left for someone else to discard.

2) Do not Recap, Bend or Break Needles! Mechanical devices that destroy sharps will not be used.

3) If recapping is necessary, on rare occasions, as in the case of multiple injections of a medication from a single syringe, use a single handed scoop technique, whereby the protective cap is laid on a flat surface, with one hand, the needle is introduced into the opening and the cap scooped up over the needle and secured, finally, with the second hand. Never recap with two hands. A device that is designed to firmly hold the cap and allow one handed recapping is also acceptable. Contact infection control for guidance on such devices.

4) When injecting into a blood specimen tube, hold the tube well below the rubber cap, or better yet, use a wire rack to secure the tube, thus keeping the second hand well away from the rubber cap of the tube.

5) Never carry loose sharps/needles in your pocket. Protective caps can work their way loose.

6) Obtain assistance prior to injection of uncooperative patients. Especially for children and combative adults. Sounds like common sense but we often forget when we are rushed.

7) Let falling objects fall. Resist that natural reaction to grab for a sharp object that has rolled off a mayo stand or slipped from your hands.

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8) Handle laundry with care. Hand towels and drapes, following procedures, are notorious for harboring sharps from unsuspecting workers.

9) Carefully clean and store reusable sharps.

10) Any item contaminated with blood or body fluids that is glass or rigid plastic, which may poke through a plastic bag, **must** be discarded in a sharps container. This includes blood tubes and rigid plastic pipettes.

### b. Disposal of sharps.

1) Sharps disposal is done IAW MEDDAC Regulation 40-36, Regulated Medical Waste.

2) Carefully dispose of sharps into an appropriate sharps container, immediately after use.

3) Watch for protruding sharps in the sharps containers when disposing of devices. Sharps containers will be closed and removed when 3/4 full.

4) Never reach into sharps containers to retrieve misplaced items.

5) Used or unused sharps will **NEVER** be placed in a trash receptacle – even if they are safety devices that are no longer “sharp”.

6) Do not place trash cans under sharps containers. If a sharps misses the sharps container and lands in the trash, it may be incorrectly left in the trash. This puts housekeeping at risk.

7) Housekeepers have been instructed not to touch any sharps they may find on the floor or elsewhere. They will ask hospital staff to pick up. This will make staff aware of the unsafe situation, and also, if the syringe contains medication, it can be documented or disposed of properly. Staff should use a safety device or dust pan and broom to pick-up sharps. Housekeeping may elect to assist with picking up sharps, but only after the device has been viewed by DHCS staff.

8) Vacutainer holders are single-use, disposable, or the quick release vacutainer needle holder.

9) If a needle is found on a food tray returned to the Dining Facility, the Dining Facility employee will pull the tray off-line and set it aside. The Nutrition Care supervisor will call the nursing unit to send a staff member to pick up the needle. NCD will also notify Infection Control.

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10) Broken glass not contaminated with blood or body fluids (coffee cups, clean laboratory glassware, etc.,) may be placed in a rigid cardboard box or a sharps containers to prevent physical injury to housekeepers and other staff.

11) Never pick-up sharps or broken glass by hand always use a tongs or a dust pan and broom.

### c. Engineering controls.

1) Use the appropriate sharps container, as in 4-b-1. Sharps containers will be locked in designated wall brackets, secured in a mounted tabletop holder (“dogdish”), secured in a locked room, or be under the direct supervision of a staff member at all times while patients and visitors are present.

2) Never reach into trash bags or autoclave bags with bare hands to retrieve misplaced items. If item(s) must be retrieved, contact Mr. Carter in the Linen Service area for assistance.

3) Use Needleless IV accessories and components.

5. Remember to immediately report all occupational exposures, including needlesticks, to your supervisor for appropriate treatment, documentation and follow-up. Post-exposure prophylaxis is now available for selected situations and should ideally be administered within the first one to two hours after injury. Staff should report to Emergency Provider immediately after reporting the injury to their supervisor.

6. Remember, all health care workers who are at risk for blood or body fluid exposure should be vaccinated against Hepatitis B. This vaccine is provided free of charge and is available through Occupational Health. Call 805-0443 for additional information on the Hepatitis B vaccination program.